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pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## **EE TRANSMITTAL**

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

1300.00

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known			
Application Number	10/517,132		
Filing Date	December 6, 2004		
First Named Inventor	Shaily Verma		
Examiner Name	Roberta A. Shand		
Art Unit	2616		
Attorney Docket No.	PU020265		

METHOD OF PAYE	MENT (check all that	apply) CUSTO	MER NUMB	ER: 24498			
☐ Check ☐	Credit card	☐ Money Or	der	☐ None	Other (plea	ase identify):	
For the about Char Char Char fee(s) u	ve-identified dep rge fee(s) indic rge any addition nder 37 CFR 1	ated below nal fee(s) or und .16 and 1.17 n may become pub	Director is hereb derpayments o		eck all that apply e(s) indicated overpayments	y) below, <b>excer</b> s	ot for the filing
FEE CALCULA	TION (All the fe	es below are due	upon filing or	may be subject to	a surcharge.)		
1. BASIC FILIN		ID EXAMINATION FEES Small Entity		CH FEES Small Entity	, EXAMINA	TION FEES Small E	intity
Application Ty	<u>pe Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	. 0	0	
Each independent Multiple dependent Total Claims 27	- <b>22</b> or HP =		Fee (\$) 550	Fee Paid (\$) = \$250.00	21 36 <u>Mu</u>		25 100 180 ent Claims Fee Paid (\$)
Independent C	<u>laims</u> - <b>3</b> or HP =	Extra Claims 0 x	Fee (\$) \$210	Fee Paid (\$) = \$0			
HP = highest num	ber of independent	claims paid for, if gr	eater than 3.				
3. APPLICATIO	N SIZE FEE						
listings under 37	7 CFR 1.52(e)), t		e fee due is \$25	luding electronically 0 (\$125 for small er 1.16(s).			
Total Sheets	<u>Extra S</u>	/ 50 =		additional 50 or fra nd up to a whole no		<u>Fee (\$)</u>	<u>Fee Paid</u>
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	ecification, \$130	fee (no small enti :FEE FOR THR FEE FOR 5 AI	EE MONTH E	XTENSION - \$10	950.00 250.00		Fees Paid 

SUBMITTED BYW DA						
Name (Print/Type)	DANIEL E. SRAGØW	1	Registration No. (Attorney/Agent)	22,856	Telephone	(609) 734-6832
Signature	NIC. S	7	احا			July 3, 2008

Complete if Known

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL				Application Number	10/517,132	<u> </u>	
				Filing Date	December	6, 2004	
for FY 2007			First Named Inventor	Shaily Ver	Shaily Verma		
			Examiner Name	Roberta A.	Roberta A. Shand		
☐ Applicant claims small entity status. See 37 CFR 1.27			Art Unit	2616			
TOTAL AMOUNT O	OF PAYMENT	(\$) 130	0.00	Attorney Docket No.	PU020265		
METHOD OF PAYMENT	·		OMER NUMB		7 64		
∐ Check ∐ Cı	redit card [	☐ Money O	rder	∐ None [	Other (pleas	se identify):	
Deposit Account: Deposit Account Number 07-0832  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION	· · · · · · · · · · · · · · · · · · ·			may be subject to a	surcharge.)		
1. BASIC FILING, SI	FILING F			CH FEES Small Entity	EXAMINAT	ΓΙΟΝ FEES <u>Small E</u>	ntity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.						·	
Each claim over 20 (incl Each independent claim Multiple dependent claim Total Claims 27 - 22	over 3 (includir ns ! or HP =5	g Reissues) tra Claims	x \$50 =		210 360 <u><b>Mul</b></u>	o I <mark>tiple Depende</mark>	100 180 <u>ent Claims</u>
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Each claim over 20 (incl Each independent claim Multiple dependent claim Total Claims 27 - 22 HP = highest number of Independent Claims 3 - 3	n over 3 (includings)  or HP = 5  total claims paid  or HP = 0	g Reissues)  tra-Claims  d for, if greater th  tra Claims	x \$50 = an 20. Fee (\$)	Fee Paid (\$)	210 360 <u><b>Mul</b></u>	o I <mark>tiple Depende</mark>	100 180 <u>ent Claims</u>
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Each claim over 20 (incl Each independent claim Multiple dependent claim  Total Claims  27 - 22  HP = highest number of  Independent Claims  3 - 3  HP = highest number of  3. APPLICATION SIZ  If the specification and listings under 37 CFF	over 3 (including ms  or HP = 5  or HP = 0  independent clause and drawings ex R 1.52(e)), the	tra Claims d for, if greater th tra Claims aims paid for, if greater th cceed 100 sheet application siz J.S.C. 41(a)(1)	Fee (\$) x \$210  reater than 3.  ets of paper (excle fee due is \$25(G) and 37 CFR	Fee Paid (\$)  50  uding electronically find (\$125 for small entite	210 360 <u>Mul</u> <u>Fee</u> led sequence o y) for each add	o tiple Depende (\$)	100 180 <u>ent Claims</u>
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Each claim over 20 (incl Each independent claim Multiple dependent claim  Total Claims  27 - 22  HP = highest number of  Independent Claims  3 - 3  HP = highest number of  3. APPLICATION SIZ  If the specification an listings under 37 CFF sheets or fraction the  Total Sheets  - 100 =  4. OTHER FEE(S)  Non-English Specific Other (e.g., late filling	ation, \$130 fees	g Reissues)  tra-Claims  d for, if greater the  tra Claims  aims paid for, if greater the  cceed 100 sheet application siz J.S.C. 41(a)(1)  eets  / 50 =  e (no small ent EE FOR 5 AI	reater than 3.  rests of paper (excle fee due is \$250 (G) and 37 CFR (roundity discount)  REE MONTH EXECUTE OF THE EXECUTE OF	Fee Paid (\$)  Solution and the second	led sequence of y) for each addition thereof ber) x	tiple Depender (\$)  or computer ditional 50  Fee (\$)	100 180 ent Claims Fee Paid (\$)  Fee Paid (\$)  Fees Paid (\$)

PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031
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	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  Docket Number (Optional) PU020265						
	In re Application of Shaily Verma et al.						
		Application Number	10/517,132 F	iled 12/06/04			
	CUSTOMER NO.: 24498	For INTERNETWORKING BETWEEN WLAN AND A MOBILE					
		COMMUNICATIONS SYSTEM					
		Art Unit 2616	Examiner Robert	a A. Shand			
	This is a request under the provisions of identified application.	37 CFR 1.136(a) to e	xtend the period for	filing a reply in the above			
	The requested extension and appropriat	e non-small-entity fee	are as follows (che	ck time period desired):			
	One month (37 CFR 1	.17(a)(1))		\$			
	☐ Two months (37 CFR	1.17(a)(2))		\$			
	Three months (37 CF)	R 1.17(a)(3))	•	\$ <u>1050.00</u>			
-	☐ Four months (37 CFF	R 1.17(a)(4))		\$			
!	☐ Five months (37 CFR	1.17(a)(5))		\$			
	☐ Applicant claims small entity:			fee amount shown			
	above is reduced by one-half  A check in the amount of the	•	e is: \$				
	A check in the amount of the	iee is enclosed.					
	Payment by credit card. For	n PTO-2038 is attache	ed.	•			
	☐ The Director has already bee	n authorized to charge	e fees in this applica	ation to a Deposit Account.			
	The Director is hereby author	rized to charge any fe	es which may be re	quired,			
	or credit any overpayment, to	=	mber <u>07-0832</u> .				
	I have enclosed a duplicate of a policant/inventor	• •					
	<b>–</b>	d of the entire interest.	Soc 27 CED 2 71				
	•	er 37.CFR 3.73(b) is e		(A)(SR/06)			
	•	of record. Registration	•	O/3B/90).			
	☑ attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a). 22,856.						
	WARNING: Information on this fo included on this form. Provide cr	rm may become pub edit card information	olic. Credit-card in n and authorization	formation should not be			
07/11/2008 GFRE			11.1	B			
02 FC:1253	1050.00 DA July 3, 2008	_	WI	C. Drago			
	Date			Śignature			
	(609) 734-6832	_		DANIEL E. SRAGOW			
	Telephone Number			Typed or printed name			
	NOTE: Signatures of all the inventors or assignees	of record of the entire interes	st or their representative/	s) are required. Submit multiple forms if			
	more than one signature is required, see below.	o sooid of bid diffus filters.		-, a.aaquinan aquini mulupia lamb ii			
	☑ Total of 1 forms are submitted.						

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/22 (08-03)

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PETITIO	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  Docket Number (Optional) PU020265						
		In re Application of Shaily Verma et al					
CUSTOMER NO.: 24498		Application Number 10/517,132 Filed 12/06/04					
		For INTERNETWORKING BETWEEN WLAN AND A MOBILE					
		COMMUNICATIONS SYSTEM					
		Art Unit 2616 Examiner Roberta A. Shand					
identified a	application.	37 CFR 1.136(a) to extend the period f					
The reque	sted extension and appropriate	e non-small-entity fee are as follows (ch	neck time period desired):				
	One month (37 CFR 1	.17(a)(1))	\$				
	☐ Two months (37 CFR	1.17(a)(2))	\$				
:		R 1.17(a)(3))	\$ <u>1050.00</u>				
	Four months (37 CFR	1:17(a)(4))	\$				
	☐ Five months (37 CFR		\$				
	•	status. See 37 CFR 1.27. Therefore, th	ne fee amount shown				
	above is reduced by one-half, and the resulting fee is: \$  A check in the amount of the fee is enclosed.						
	Payment by credit card. Form	n PTO-2038 is attached.					
	The Director has already bee	n authorized to charge fees in this appli	ication to a Deposit Account.				
⊠	*	ized to charge any fees which may be r	required,				
	or credit any overpayment, to I have enclosed a duplicate c	Deposit Account Number <u>07-0832</u> .					
l lam							
,		of the entire interest. See 37 CFR 3.7	1				
	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	•	of record. Registration Number	•				
	☐ attorney or agent under 37 CFR 1.34(a).						
Registration number if acting under 37 CFR 1.34(a). 22,856.							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on Pro-2038.							
-	July 3, 2008						
,	Date Signature						
7	609) 734-6832 Telephone Number	<del></del>	DANIEL E. SRAGOW  Typed or printed name				
Typed of plinted harife							
		of record of the entire interest or their representative	e(s) are required. Submit multiple forms if				
	e signature is required, see below.						

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.